

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/572603

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		1		
5		2		1		
6		2		1		
7		3		1		
8		3		1		
9		3		1		
10		3		1		
11		3		1		
12		3		1		
13		3		1		
14	1			1		
15	1			1		
16	1			1		
17	1					
18	1			1		
19	1			1		
20	1					
21	1			1		
22	1			1		
* 23	1			1		
* 24	1			1		
* 25	1			1		
* 26	1			1		
* 27	3			1		
* 28	1			1		
* 29	1			1		
* 30	1					
* 31	1					
* 32	1					
* 33	1					
* 34	1					
* 35	1					
* 36	1					
* 37	1					
* 38	1					
* 39	1					
* 40	1					
* 41	1					
* 42	1					
* 43	1					
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	5	↓	3	↓	0	↓
TOTAL DEP.	58	←	31	←	0	←
TOTAL CLAIMS	63		34		0	

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						1
52						1
53						1
54						1
55						1
56					1	
57					1	
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95						
96						
97						
98						
99						
100						
TOTAL IND.	0	↓	2	↓	0	↓
TOTAL DEP.	0	←	5	←	0	←
TOTAL CLAIMS	0		7		0	